

**P E**  
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7590 05/20/2005

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08/09/2005 HDESTA2 00000168 501505 09939277

01 FC:1501 1400.00 DA  
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**B. Noel Kivlin**

(Depositor's name)

**8-5-05**

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/939,277	08/24/2001	Paul Jeffrey Garnett	5681-02700	2593

TITLE OF INVENTION: PROCESSOR STATE REINTEGRATION USING BRIDGE DIRECT MEMORY ACCESS CONTROLLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/22/2005

EXAMINER	ART UNIT	CLASS-SU BCLASS
KIM, HONG CHONG	2186	711-156000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
- Meyertons Hood Kivlin  
1 \_\_\_\_\_ Kowert & Goetzl, P.C.  
2 \_\_\_\_\_ B. Noel Kivlin  
3 \_\_\_\_\_

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sun Microsystems, Inc.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5681-02700 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

**8-5-05**

Typed or printed name **B. Noel Kivlin**

Registration No.

PTO # 33,929

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